

United States Courts
Southern District of Texas
FILED

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

4:13cv204

APR 22 2013

Civil Action No.

David J. Bradley, Clerk of Court

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Education Commission for Foreign Medical
 was received by me on (date) 4/16/13 Graduates

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): USPS Certified Mail # 7011 1570 0002 7849 8383.

My fees are \$ 0 for travel and \$ 6.77 for services, for a total of \$ 6.77.

I declare under penalty of perjury that this information is true.

Date: 4/18/13



Server's signature

Cheri Katlanche

Printed name and title

12806 Southspring, Houston, TX 77047

Server's address

Additional information regarding attempted service, etc:

EXHIBIT B

AO 440 (Rev. 12/09) Summons in a Civil Action

Appendix D

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

Cheri LaBlanche

Plaintiff

v.

Education Commission for Foreign

Medical Graduates (ECFMG)

Defendant

Civil Action No. 4:13-CV-00204

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Education Commission for Foreign Medical Graduates (ECFMG)
3624 Market St.
Philadelphia, PA 19104-2685

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DAVID J. BRADLEY

CLERK OF COURT

Date: APR 16 2013

Jan Dawson
Signature of Clerk or Deputy Clerk

BARBARA JORDAN MAIL ROOM Document 5

HOUSTON, Texas

772019998

4841490010-0092

04/16/2013 (800)275-8777 05:09:49 PM

Sales Receipt

Product Description	Sale Unit Qty	Unit Price	Final Price
PHILADELPHIA PA			\$1.12

19104 Zone-6

First-Class Large

Env

2.00 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

@@ Certified \$3.10

Label #: 70111570000278498383

Issue PVI: \$6.77

WASHINGTON DC 20005 \$1.12

Zone-6 First-Class

Large Env

1.90 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

@@ Certified \$3.10

Label #: 70111570000278498390

Issue PVI: \$6.77

PHILADELPHIA PA \$1.32

19104 Zone-6

First-Class Large

Env

2.10 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

@@ Certified \$3.10

Label #: 70111570000278498413

Issue PVI: \$6.97

Total: \$20.51

Paid by:

VISA

\$20.51

Account #: XXXX XXXXXX 4015

Approval #: 214465

Transaction #: 763

23903140002

@@ For tracking or inquiries go to USPS.com or call 1-800-222-1811.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

PHILADELPHIA PA 19104

Postage	\$	\$1.32
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.97

Sent To: *Barbara Jordan*
 Street, Apt. No., or PO Box No.: *3750 Market St.*
 City, State, ZIP+4: *Philadelphia PA 19104-3102*

PS Form 3800, August 2006 See Reverse for Instructions

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PHILADELPHIA PA 19104

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.77

Sent To: *Education Commissioner (ECTMG)*
 Street, Apt. No., or PO Box No.: *3624 Market St.*
 City, State, ZIP+4: *Philadelphia PA 19104-2685*

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

WASHINGTON DC 20005

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.77

Sent To: *FSMB*
 Street, Apt. No., or PO Box No.: *1110 Vermont Ave. NW*
 City, State, ZIP+4: *Washington DC 20005*

PS Form 3800, August 2006 See Reverse for Instructions

APR 22 2013

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

4:13cv204

Civil Action No.

David J. Bradley, Clerk of Court

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Federation of State Medical Boards
 was received by me on (date) 4/16/13.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): USPS Certified Mail # 7011 1570 0002 78498390.

My fees are \$ 0 for travel and \$ 6.77 for services, for a total of \$ 6.77.

I declare under penalty of perjury that this information is true.

Date: 4/18/13


 Server's signature

Cheri LaBlanche
 Printed name and title

12806 Southspring, Houston, TX 77047
 Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 12/09) Summons in a Civil Action

Appendix D

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

Cheri LaSanche

Plaintiff

v.

Federation of State Medical Boards
(FSMB)

Defendant

Civil Action No. 13-204

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Federation of State Medical Boards (FSMB)
1110 Vermont Avenue N.W. Ste. 1000
Washington, D.C. 20005

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DAVID J. BRADLEY

CLERK OF COURT

Date: APR 16 2013

[Signature]
Signature of Clerk or Deputy Clerk

BARBARA JORDAN MAIL PO Document 6

HOUSTON, Texas

772019998

4841490010-0092

04/16/2013 (800)275-8777 05:09:49 PM

Sales Receipt

Product Description	Sale Unit Qty	Unit Price	Final Price
---------------------	---------------	------------	-------------

PHILADELPHIA PA			\$1.12
19104 Zone-6			
First-Class Large			
Env			

2.00 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

Certified \$3.10

Label #: 70111570000278498383

Issue PVI: \$6.77

WASHINGTON DC 20005 \$1.12

Zone-6 First-Class

Large Env

1.90 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

Certified \$3.10

Label #: 70111570000278498390

Issue PVI: \$6.77

PHILADELPHIA PA \$1.32

19104 Zone-6

First-Class Large

Env

2.10 oz.

Expected Delivery: Sat 04/20/13

Return Rcpt (Green Card) \$2.55

Certified \$3.10

Label #: 70111570000278498413

Issue PVI: \$6.97

Total: \$20.51

Paid by:

VISA \$20.51

Account #: XXXXXXXXXXXX4015

Approval #: 214465

Transaction #: 763

23903140002

For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

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PHILADELPHIA PA 19104

Postage	\$	\$1.32
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.97

Sent To: *Matthew N. B. N. E.*
Street, Apt. No., or PO Box No.: *3750 Market St.*
City, State, ZIP+4: *Philadelphia PA 19104-3102*

PS Form 3800, August 2006 See Reverse for Instructions

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PHILADELPHIA PA 19104

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.77

Sent To: *Education Commission (ECFMC)*
Street, Apt. No., or PO Box No.: *3624 Market St.*
City, State, ZIP+4: *Philadelphia PA 19104-2685*

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20005

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.77

Sent To: *F. S. M. B.*
Street, Apt. No., or PO Box No.: *1110 Vermont Ave. NW*
City, State, ZIP+4: *Washington DC 20005*

PS Form 3800, August 2006 See Reverse for Instructions

APR 22 2013

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

13CV204

Civil Action No.

David J. Bradley, Clerk of Court

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) National Board of Medical Examiners
 was received by me on (date) 4/16/13.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): USPS Certified Mail # 7011 1570 0002 7849 8413.

My fees are \$ 0 for travel and \$ 6.97 for services, for a total of \$ 6.97.

I declare under penalty of perjury that this information is true.

Date: 4/18/13


 Server's signature

Cheri LatZanche
 Printed name and title

12806 Southspring, Houston, TX. 77047
 Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 12/09) Summons in a Civil Action

Appendix D

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

Cheri LaBlanche

Plaintiff

v.

National Board of Medical Examiners
(NBME)

Defendant

Civil Action No. 4:13-CV-00204

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

National Board of Medical Examiners (NBME)
3750 Market St.
Philadelphia PA, 19104-3102

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DAVID J. BRADLEY

CLERK OF COURT

Date: APR 16 2013

[Signature]
Signature of Clerk or Deputy Clerk

BARBARA JORDAN NATD PO
HOUSTON, Texas
772019998
4841490010-0092

04/16/2013 (800)275-8777 05:09:49 PM

===== Sales Receipt =====
Product Sale Unit Final
Description Qty Price Price

PHILADELPHIA PA \$1.12
19104 Zone-6
First-Class Large
Env

2.00 oz.
Expected Delivery: Sat 04/20/13
Return Rcpt (Green \$2.55
Card)
@@ Certified \$3.10
Label #: 70111570000278498383

Issue PVI: \$6.77

WASHINGTON DC 20005 \$1.12
Zone-6 First-Class
Large Env

1.90 oz.
Expected Delivery: Sat 04/20/13
Return Rcpt (Green \$2.55
Card)
@@ Certified \$3.10
Label #: 70111570000278498390

Issue PVI: \$6.77

PHILADELPHIA PA \$1.32
19104 Zone-6
First-Class Large
Env

2.10 oz.
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Card)
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Label #: 70111570000278498413

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VISA
Account #: XXXXXXXXXXXX4015
Approval #: 214465
Transaction #: 763
23903140002

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

7011 1570 0002 7849 8413

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PHILADELPHIA PA 19104

Postage	\$	\$1.32
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.97

Sent To: *Notion NISME*
Street, Apt. No., or PO Box No. *3750 Market St.*
City, State, ZIP+4 *Philadelphia PA 19104-3102*

PS Form 3800, August 2006 See Reverse for Instructions

04/16/2013

BARBARA JORDAN PO
HOUSTON TX
Postmark Here
USPS - 7720

7011 1570 0002 7849 8383

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For delivery information visit our website at www.usps.com

PHILADELPHIA PA 19104

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.77

Sent To: *Education Commission (ECTMG)*
Street, Apt. No., or PO Box No. *3624 Market St.*
City, State, ZIP+4 *Philadelphia PA 19104-2685*

PS Form 3800, August 2006 See Reverse for Instructions

04/16/2013

BARBARA JORDAN PO
HOUSTON TX
Postmark Here
USPS - 77201

7011 1570 0002 7849 8390

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20005

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.77

Sent To: *FSMR*
Street, Apt. No., or PO Box No. *1110 Vermont Ave. NW*
City, State, ZIP+4 *Washington DC 20005*

PS Form 3800, August 2006 See Reverse for Instructions

04/16/2013

BARBARA JORDAN PO
HOUSTON TX
Postmark Here
USPS - 77201